

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028135

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 139  
FILED JUL 25 1962VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Rolla</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>California</u> b. COUNTY <u>ORANGE</u> c. CITY OR TOWN <u>Garden Grove</u> d. STREET ADDRESS (If outside, give location) <u></u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ann</u> Last <u>Rakoske</u>		4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1962</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-14-1932</u>		9. AGE (last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	
11. BIRTHPLACE (City and state or country) <u>Schenectady, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John B. Rakoske</u>		13b. MOTHER'S MAIDEN NAME <u>Ann E. Mason</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. INFORMANT <u>John B. Rakoske, Schenectady, N.Y.</u>		17. ADDRESS <u>421 Duglin Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Brain Damage</u> DUE TO (b) <u>Fractures of Skull</u> DUE TO (c) <u>Automobile accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>8 hrs.</u> <u>8 hrs.</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto accident</u>			
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>7-16-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		20f. CITY, TOWN, OR LOCATION <u>St James Twp. Phelps Co Mo</u>	
21. I attended the deceased from <u>7-16-62</u> to <u>7-16-62</u> and last saw her alive on <u>7-16-62</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>St James Mo</u>		22c. DATE SIGNED <u>7-17-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-20-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Adalbert Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Schenectady, N.Y.</u>	
24. FUNERAL DIRECTOR <u>Jesse Gahr, St. James, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 17, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 26 1962  
SEP 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*C. June Gahr*

Licensed Embalmer No. 4486

P. O. Address St. James, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.